

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	Optimized System-Level Simulation
Attorney Docket Number::	CDS-008
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	FIG. 1B
Total Drawing Sheets::	9
Small Entity?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.A.
Status::	Full Capacity
Given Name::	William
Middle Name::	
Family Name::	Neifert
Name Suffix::	
City of Residence::	Arlington
State or Province of Residence::	Massachusetts
Country of Residence::	U.S.A.
Street of Mailing Address::	100 Pleasant Street, #31
City of Mailing Address::	Arlington
State or Province of Mailing Address::	Massachusetts
Country of Mailing Address::	U.S.A.
Postal or Zip Code of Mailing Address::	02476

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Matthew
Middle Name::
Family Name:: Bellantoni
Name Suffix::
City of Residence:: Brookline
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 60 East Glen Road T-12
City of Mailing Address:: Brookline
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 02445

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Andrew
Middle Name::
Family Name:: Ladd
Name Suffix::
City of Residence:: Maynard
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 20-6 Deer Path Lane
City of Mailing Address:: Maynard
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 01754

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Matthew
Middle Name::
Family Name:: Grasse
Name Suffix::
City of Residence:: Watertown
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 56 Harrington Street
City of Mailing Address:: Watertown
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 02472

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Mark
Middle Name::
Family Name:: Kostick
Name Suffix::
City of Residence:: Belmont
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 30 Fairview Avenue
City of Mailing Address:: Belmont
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 02478

Correspondence Information

Correspondence Customer Number:: **021323**

Representative Information

Representative Customer Number:: **021323**